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ABSTRACT

Effects of inservice training and consultation with 33 staff members involved with 97 mildly to severely mentally retarded children and adults living in group homes and apartments throughout Pennsylvania were examined. Training focused on behavior management and group dynamic strategies for skill development and alteration of socially aversive behavior among residents. Results of pre- and posttests of adaptive behavior revealed significant multivariate and univariate gains in adaptive behavior of the residents as well as differences across both assessments combined, between apartments and group homes. Gains were noted for the following behavior areas: language, time measures, writing, reading, shopping, financial dealings, social initiative, cleanliness, care of clothes, health, peer attitudes, and dominance. Overall level of six adaptive behavior dimensions appeared to be highest for residents of adult apartments, followed in descending order by adult short-term group homes, adult long-term group homes and children's residences. (CL)

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Adaptive Behavior Changes of Mentally Retarded Citizens In Community Residences

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ABSTRACT

Adaptive Behavior Changes of Mentally Retarded Citizens In Community Residences

Program evaluation needs to systematically address the issue of "impact" or behavioral benefit to service consumers. Ninety-seven mentally retarded children and adults, living in group homes and apartments throughout one state were assessed for adaptive behavior and reassessed within six months. Results reveal significant multivariate and univariate gains in adaptive behavior of the residents as well as differences across both assessments combined, between apartments and group homes. Behavior areas which revealed gains were: language, time-measures, writing, reading, shopping, financial dealings, social initiative, cleanliness, care of clothes, health, peer attitudes and dominance. Implications for generalizing results are discussed.

Adaptive Behavior Changes of Mentally Retarded Citizens In Community Residences

Program evaluation has typically addressed itself to "coverage," the number of individuals served (Rossi, 1970). Only recently have efforts been published relating program evaluation to specific behavioral benefits of service consumers. One area where "impact" of services needs systematic scrutiny concerns outcomes and changes associated with residence in a group home or apartment. Trends toward expansion of community living arrangements (CLA) for mentally retarded citizens (Gardner, 1977) raise questions as to impact or changes in behavior, associated with residence in group homes and apartments. Several investigators have reported normative characteristics which are associated with community residences for mentally retarded individuals (Balla, 1976; Bergman, 1975; Gollay, 1976; O'Connor & Sitkei, 1975; O'Connor, 1976; Sigelman, 1973; Sitkei, 1976; Webring & Ogren, 1975).

More recently, change in adaptive behavior associated with residence in the community has become a topic of careful inquiry. Most investigators have reported that mentally retarded individuals reveal gains in adaptive behavior over six-to twelve-month intervals (Aanes and Meon, 1976; Baldwin, 1976, 1977[a], 1977[b], 1977[c]; Seevers, 1975). Baldwin (1976, 1977[a], 1977[b], 1977[c]) reported significant gains in adaptive behavior using multivariate analyses of variance over six-month intervals among mentally retarded children and adults living in group homes and apartments.

Baldwin (1977[a]) and Gollay (1976) suggest that one factor which may be associated with such gains in resident adaptive behavior, is accessibility

of training to staff. Training in practical application of an individual program plan may be especially important. Research reported by Schinke and Wong (1977) indicates that staff training increases knowledge of behavioral techniques as well as frequency and duration of positive behavior with residents. Bricker, Morgan and Grabowski (1972) reported that the benefits of training direct-service staff included an increase in time spent interacting with residents and a decrease in "off task" behavior unrelated to resident activities.

The present investigation was undertaken with the purpose of examining changes in resident adaptive behavior in different types of community residences. The impact of such programs was of particular interest. The first and most basic question concerned whether mentally retarded individuals in various community living arrangements revealed increases in adaptive behaviors necessary to more effectively manage their lives. The second question related to whether differential gains or changes occurred among residents in different types of community residences when initial and subsequent samples of adaptive behavior were taken over an interval of four to six months.

Method

Subjects

Ninety-seven children, adolescent and adult residents participated in the study. Sixteen residents lived in group homes or apartments for children and adolescents. Twenty-eight residents lived in adult apartments. Twenty residents lived in short-term adult group homes. Thirty-three residents lived in long-term group homes. The mean age of children and adolescents was 15.53 years. Within this group, eight were males and eight residents were females. The mean age of apartment residents was 39. Within this group, 12 residents

were males and 16 were females. The mean age of residents in short-term group homes was 27.95 years. Of these residents, seven were males and 13 were females. The mean age of residents in long-term adult group homes was 37.37 years. Of these residents, 18 were males and 15 were females.

All residents were identified as ranging from mild to severe levels of mental retardation, with the most frequent classification being moderate retardation.

Procedure

Twenty-three direct-service staff and [illegible] program supervisors of community residences for mentally retarded individuals volunteered for participation in the project. Direct-service personnel lived in apartments or group homes adjacent to or with from three to eight residents. Educational background of direct-service staff ranged from a high school diploma to post graduate credits with the mode being two years of undergraduate credits or an associate degree in a college or university. Staff represented agencies dispersed throughout the state of Pennsylvania.

Training Format

The project involved in-service training and ongoing consultation with volunteer staff to assist implementing behavior management and group dynamic strategies for skill development and alteration of socially aversive behavior among residents involved in the study. Training was undertaken with supervisory and direct-service staff. There was no personal contact between trainers and residents of community living arrangements. Staff trainees voluntarily applied for participation in Project MAIN after distribution of publicity announcing workshop dates and locations.

Two successive workshops were interspersed by four weeks of trial implementation of behavior change strategies. Each workshop was of two-days duration including evening sessions. The first workshop was addressed to positive

strategies for behavior change and assessment of adaptive behavior. The follow-up workshop was addressed to strategies for changing undesired resident behavior and charting the rate of target behavior.

Training modules within the two workshops included the following topics: (1) Collecting information about resident strengths and deficiencies using a formal assessment of adaptive behavior, (2) Selecting target behaviors, (3) Charting the frequency of target behaviors during baseline and implementation phases, (4) Providing normalized reinforcement from an array of interests in the community, (5) Providing prompts and aids to make the target behavior easier to reach and more likely to occur, (6) Developing a number of target behaviors through task analysis, shaping and backward chaining strategies, (7) Using group reinforcement strategies, (8) Using contracts and visual reminders (points, marks on a calendar, etc.), (9) Implementing strategies to diminish disruptive behavior including use of response costs, overcorrection, positive practice, contingent withdrawl of special privileges, reinforcing low response rates or declines in frequency of undesired behavior, differential reinforcement of desired responses and resident self-government, (10) Fading of intervention strategies and prompting generalization of behaviors to new stimulus settings in the community.

Prior to introducing each concept, emphasis was placed upon systematically preparing a strategy for behavior change in writing, implementing this strategy consistently and evaluating its impact upon the resident. A training manual provided worksheets to develop behavior change strategies.

Importance was attached to developing a strategy which was compatible with the needs of the resident, the helping style of the staff person and normalization ideology. Above all, trainees were advised of the importance of distinguishing resident rights from resident privileges. Reinforcement in a normalizing environment could not entail deprivation of resident rights, such as withholding access to television, personal possessions, personal

privacy or age-appropriate freedom to depart from and leave the community residence. Reinforcement was discussed as "meaningful consequences" or affording the resident special privileges to make the individual's personal life more enjoyable and worthwhile. All strategies presented were examined in terms of their age-appropriateness and sensitivity to resident dignity.

The mode of training included; seven hours of didactic presentation in conjunction with slides, overhead transparencies and videotaped examples; one hour of discussion of intervention strategies with a simulated resident in small groups; twelve hours of small group discussion of intervention strategies applicable with actual residents in the home setting; four hours of preparation of such strategies in writing; six hours administering adaptive behavior assessments, and four hours for revision of strategy worksheets after consultation with discussion groups and Project MAIN staff.

During the next six months, the director of Project MAIN provided ongoing consultation to direct-service staff who received workshop training, dispersed throughout various group homes and apartments in Pennsylvania. Consultation was provided primarily by telephone. Revisions in written strategies were sent in periodically by direct-service staff and used to guide the consultation process. Direct-service staff were encouraged to contact the project director concerning any difficulties presented by a particular resident. A newsletter was also distributed to facilitate communication among direct-service staff who were project members. The newsletter was dispatched every three months and contained the names, telephone numbers and addresses of all other workshop participants. At the end of this follow-up period, direct-service staff were requested to send in a second adaptive behavior assessment of each resident participating in the study.

Adaptive Behavior Assessment

All residents were administered the Progress Assessment Chart (PAC-2) form for adults (Gunzburg, 1974). This assessment of social competence has been utilized in CLA's in Pennsylvania for the past three years. Baldwin (1977[d]) reported significant correlations between PAC and The Adaptive Behavior Scale (ABS) on similiar dimensions of behavior. Other research (Baldwin, 1977[a], 1977[b], Seevers, 1975) indicates that residents in community settings reveal significant gains on PAC dimensions after involvement in an individual program plan. This research lends construct validity to PAC as an assessment of adaptive behavior.

After workshop training, staff administered PAC's to residents as the initial assessment. A second assessment of the same residents was undertaken by the same staff four to six months later.

Staff assessed residents after observing them for at least four weeks and after residents had been located at the CLA for at least the same length of time.

Results

Because of the large number of simultaneous measures (33 subscales from PAC-2), multivariate analyses of variance were necessary to control for Type I error, arising from multiple dependent variables. Three factors subject to multivaraite analyses of variance were Groups (type of CLA), Time (initial vs. follow-up assessment) and the Groups X Time interaction.

A Wilk's Likelihood Ratio was calculated using the computer program RUMMAGE. For Groups, a Wilk's U of 0.772 was obtained, corresponding to a chi square approximation X^2 (99) of 188.22, $p < .01$. Considering all 33 PAC subscales at one time, significant differences occurred between children's programs, apartments and group homes, when initial and follow-up assessments were combined.

A Wilk's Likelihood Ratio was next calculated for Time, comparing initial with follow-up assessments of adaptive behavior across all types of CLA's and all 33 PAC subscales at one time. A Wilk's U of 0.540 was obtained, corresponding to a chi square approximation X^2 (33) of 44.68, $p<.05$. Considering all 33 PAC subscales at one time, significant differences occurred between initial and follow-up adaptive behavior assessments for all CLA's combined.

A third multivariate analysis was executed to examine interaction effects between Groups (types of CLA's) and Time (initial vs. follow-up assessment). A Wilk's Likelihood Ratio of U=0.203 was obtained corresponding to an estimated chi square X^2 (99) of 117.21, $p>.05$. The nonsignificant MANOVA as executed with a Wilk's Likelihood Ratio, indicated no differences in the magnitude of change from initial to follow-up adaptive behavior assessments among the different types of CLA's (children's programs, adult apartments, adult short-term group homes, adult long-term group homes) as well as the same rank ordering of scores at initial and follow-up assessment for the different types of programs.

The multivariate analyses indicated significant differences between types of CLA programs over both assessment intervals and significant differences between assessment intervals for all CLA programs. However the interaction between type of CLA and magnitude of difference between initial and follow-up assessment was not significant using MANOVA for all 33 PAC subscales. These results justified univariate, repeated measures analyses of variance for the main effects of Group (type of CLA) and Time (initial vs. follow-up assessment) but not the interaction between these two factors.

Univariate ANOVA's for repeated measures were executed with the computer package STAT PAC for each of the 33 PAC - 2 subscales. F ratios for the main effect Groups, were significant on the following dimensions: Language, $F(3,93) = 5.32$, $p<.005$; shopping, $F(3,93) = 3.27$, $p<.05$; financial

dealings, F (3,93) = 7.97, $p<.001$; social initiative, F (3,93) = 2.88, $p<.05$; mobility, F (3,93) = 5.08, $p<.005$; and health, F (3,93) = 2.91, $p<.05$. Table 1 shows the pattern of mean scores on these dimensions for each type of CLA, across initial and follow-up assessment intervals.

INSERT TABLE 1 ABOUT HERE

Table 1 indicates that on those five PAC-2 dimensions where significant differences occurred, the highest mean score was obtained by residents in adult apartments, followed in descending order by residents of adult short-term group homes, adult long-term group homes and children's apartments and group homes.

A second series of ANOVA's were executed for the factor Time (initial vs. follow-up assessment) across the 33 PAC subscales. Significant differences were obtained on the following dimensions: Language, F (1,93) = 7.14, $p<.01$; time-measures, F (1,93) = 6.41, $p=.01$; writing, F (1,93) = 7.51, $p<.01$; reading, F (1,93) = 4.19, $p<.05$; shopping, F(1,93) = 4.75, $p<.05$; financial dealings, F (1,93) = 9.10, $p<.005$; social initiative, F (1,93) = 7.04, $p<.01$; cleanliness, F (1,93) = 4.34, $p<.05$; care of clothes, F (1,93) = 3.94, $p=.05$; health, F (1,93) = 3.78, $p=.05$; peers attitudes, F (1,93) = 4.29, $p<.05$; and dominance, F (1,93) = 4.43, $p<.05$. On these 12 dimensions of adaptive behavior, significant differences occurred from the first to follow-up assessment across all CLA's. Table 2 lists all means and standard deviations for these particular subscales where significant F ratios occurred for the factor Time.

INSERT TABLE 2 ABOUT HERE

Results from Table 2 indicate that where significant differences occurred between initial and follow-up assessment, the direction was primarily a gain

over the six-month interval. Such gains in mean scores were less evident for residents of adult long-term group homes, as well as for the dimensions of peer attitudes and dominance across all types of community residences.

Discussion

The results indicate that mentally retarded individuals who live in children's residences, adult apartments, adult short-term group homes and adult long-term group homes show statistically significant gains on 12 adaptive behavior dimensions of the Progress Assessment Chart. These gains are also significant when multivariate analyses of variance examine all 33 PAC-2 subscales at one time. This trend supports the premise that mentally retarded residents in community living arrangements reveal benefit in the sense that positive impact upon adaptive behavior is observed. These results correspond with earlier findings using different data (Aanes and Moen, 1976, Baldwin, 1977[a], 1977[b], 1977[c]; Seevers, 1975) indicating that positive change in adaptive behavior is apparently a normative trend in community living arrangements. Caution however must be used in generalizing these results to community residences where, (1) staff do not receive training in implementation of an individual program plan, (2) staff are not employed and paid as professionals and (3) the number of individuals living in a group home or apartment exceeds eight residents. Edgerton (1975) in a study of family-care homes and board and care facilities reports that community living arrangements staffed by individuals who do not implement a developmental philosophy and technology are providing insufficient environments to promote resident progress.

The results of this investigation fail to support the notion that residents of different types of community living arrangements (children's residences, adult apartments, adult short-term group homes, adult long-term group homes) show different magnitudes of change in adaptive behavior. However, the overall

level of six adaptive behavior dimensions appears to be highest for residents of adult apartments, followed in descending order by adult short-term group homes, adult long-term group homes and children's residences. This finding corresponds in many respects with results reported by Baldwin (1977a).

Further investigation may help to clarify what variables differentiate CLA's where positive gain in resident adaptive behavior occurs. Based upon normative data reported however, it appears that positive change in adaptive behavior can be anticipated among mentally retarded residents in community living arrangements when certain conditions are met. These include accessibility of training to staff, a developmental philosophy among staff and a group home or apartment where no more than eight or three residents respectively live. The findings apply to adults and children who are classified as mildly, moderately and to some extent, severely retarded. Further investigation is needed to examine trends for individuals identified as severely and profoundly retarded living in community residences.

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TABLE 1

PAC-2 Adaptive Behavior Scores On

Dimensions where significant Differences

Occurred Between Children's Residences,

Adult Apartments and Adult Group Homes

Variable	Children's Residences		Adult Apartments		Adult Short-Term Group Homes		Adult Long-Term Group Homes	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Language	10.72	5.75	14.20	4.02	12.78	5.38	9.59	4.97
Shopping	8.97	5.95	13.36	5.11	14.30	9.40	11.44	5.44
Financial Dealings	4.75	4.55	12.09	5.12	9.98	7.84	7.78	5.22
Social Initiative	8.88	4.72	12.59	5.18	11.10	6.66	8.97	5.39
Mobility	7.69	5.38	12.80	4.27	10.02	5.62	9.20	4.30
Health	10.41	5.80	14.13	4.20	13.40	3.88	12.23	4.55

TABLE 2

Adaptive Behavior Score Means and Standard Deviations

From PAC-2 Subscales With Significant Differences

Between Initial and Follow-Up Assessments

Variable/Time	GROUP							
	Children's Residences		Adult Apartments		Adult Short-Term Group Homes		Adult Long-Term Group Homes	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Language								
Initial	9.75	5.66	13.57	4.27	12.15	5.84	9.82	5.10
Follow-up	11.69	5.85	14.82	3.73	13.40	4.95	9.36	4.90
Time-Measures								
Initial	6.81	7.20	9.57	7.12	7.75	7.22	6.88	6.91
Follow-up	8.31	7.30	11.50	6.68	8.25	6.92	6.97	7.41
Writing								
Initial	5.75	5.92	8.71	6.53	7.05	6.63	5.18	5.66
Follow-up	7.50	6.98	9.68	6.97	7.35	6.54	6.09	5.75
Reading								
Initial	5.19	5.66	7.93	7.37	7.20	7.24	6.18	6.61
Follow-up	7.00	6.19	9.00	7.65	8.50	8.85	6.30	7.07
Shopping								
Initial	8.25	5.50	12.75	5.28	12.85	6.01	11.12	5.59
Follow-up	9.69	6.47	13.96	4.96	15.75	11.87	11.76	5.36
Financial Dealings								
Initial	4.19	3.67	10.89	5.49	8.80	4.43	7.45	5.14
Follow-up	5.31	5.35	13.29	4.50	11.15	10.18	8.12	5.36

TABLE 2 (CONTINUED)

Variable/Time	GROUP							
	Children's Residences		Adult Apartments		Adult Short-Term Group Homes		Adult Long-Term Group Homes	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Social Initiative								
Initial	8.31	4.61	12.14	5.44	10.70	6.86	8.70	5.66
Follow-up	9.44	4.90	13.03	4.97	11.50	6.60	9.24	5.17
Cleanliness								
Initial	14.75	3.47	16.03	2.62	15.05	3.56	14.42	3.43
Follow-up	14.63	4.00	16.86	1.38	19.05	15.21	15.79	3.27
Care of Clothes								
Initial	14.31	2.70	14.96	3.50	15.05	2.54	14.30	3.96
Follow-up	14.69	3.05	16.68	2.00	16.05	9.36	14.85	4.09
Health								
Initial	9.81	6.01	13.46	3.79	12.95	4.17	12.36	4.70
Follow-up	11.00	5.72	14.79	4.55	13.85	3.62	12.09	4.46
Peer Attitudes								
Initial	7.00	2.13	7.07	2.40	6.75	2.59	6.94	2.60
Follow-up	8.44	1.82	7.64	2.20	6.95	2.89	6.97	2.30
Dominance								
Initial	6.13	1.78	6.57	2.13	6.00	2.10	6.88	1.82
Follow-up	7.56	1.59	6.50	2.15	6.20	1.44	7.27	1.64